FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

1166388

FORM D

OMB Approval
OMB Number 3235-0076
Expires March 15, 2009
Estimated average burden hours
per response 16.00



NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY					
Prefix	<	Serial			
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]			

Name of Offering (check if this is an amendment and name has changed, and indicate change Restricted Share Units Granted Under 1996 Equity Plan	.) SEC <u>Mail Processin</u> a							
	ule 506 Section 4(6) ULOE Section							
Type of Filing: New Filing Amendment A. BASIC IDENTIFICATIO								
1. Enter the information requested about the issuer								
Name of Issuer (check if this is an amendment and name has changed, and indicate characteristic verint Systems Inc.	MAR 2 7 2009 VVLSnington, DC							
Address of Executive Offices (Number and Street, City, State, Zip Code) 330 South Service Road, Melville, New York 11747	Telephone:Number(including Area Code)							
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)								
Brief Description of Business Provider of analytic software solutions for digital video security an intelligence.	d surveillance, communications interception, and enterprise business							
Type of Business Organization Corporation limited partnership, already formed limited partnership, to be formed	other (please specify):							
Month	Year							
Actual or Estimated Date of Incorporation or Organization: Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for CN for Canada; FN for other foreign jurisdiction)	2 9 4 🖾 Actual Estimated or State; D E							

GENERAL INSTRUCTIONS: Note: This is a special Temporary Form D (17 CFR 239.500) that is available to be filed instead of Form D (17 CFR 239.500) only to issuers that file with the Commission a notice on Temporary Form D (17 CFR 239.500T) or an amendment to such a notice in paper format on or after September 15, 2008 but before March 16, 2009. During that period, an issuer also may file in paper format an initial notice using Form D (17 CFR 239.500) but, if it does, the issuer must file amendments using Form D (17 CFR 239.500) and otherwise comply with all the requirements of § 230.503T.

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United Stated registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 100 F Street, N.W., Washington, D.C. 20549

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. The copy not manually signed must be a photocopy of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid QMB control number.

A. BASIC IDENTIFICATION DATA

 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within Each beneficial owner having the power to vote or dispose, or direct the issuer; 		10% or more of a class of	of equity securities of
 Each executive officer and director of corporate issuers and of corp Each general and managing partner of partnership issuers. 	porate general and managing	partners of partnership i	ssuers; and
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Comverse Technology, Inc.			
Business or Residence Address (Number and Street, City, State, Zip Code) 810 Seventh Avenue, New York, New York 10019			
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	☑ Director ☐	General and/or Managing Partner
Full Name (Last name first, if individual) DeMarines, Victor		<u>, </u>	
Business or Residence Address (Number and Street, City, State, Zip Code) 5 Hunt Road, Westford, MA 01886			
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer	☑ Director ☐	General and/or Managing Partner
Full Name (Last name first, if individual) Minihan, Kenneth			
Business or Residence Address (Number and Street, City, State, Zip Code) 182 Southdown Road, Edgewood, MD 21027			
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	☑ Director □	General and/or Managing Partner
Full Name (Last name first, if individual) Safir, Howard			
Business or Residence Address (Number and Street, City, State, Zip Code) 437 Madison Avenue, 20th Flr., New York, NY 10022			
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	⊠ Director □	General and/or Managing Partner
Full Name (Last name first, if individual) Myers, Larry			
Business or Residence Address (Number and Street, City, State, Zip Code) 507 Beauregard Drive, Leesburg, VA 20175			
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	☑ Director □	General and/or Managing Partner
Full Name (Last name first, if individual) Baker, Paul			
Business or Residence Address (Number and Street, City, State, Zip Code)	810 Seventh Avenue, New	York, New York 10019	
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	⊠ Director _	General and/or Managing Partner
Full Name (Last name first, if individual) Spirtos, John			
Business or Residence Address (Number and Street, City, State, Zip Code) 810 Seventh Avenue, New York, New York 10019			

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Bunyan, John Business or Residence Address (Number and Street, City, State, Zip Code c/o 810 Seventh Avenue, New York, New York 10019 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code 330 South Service Road, Melville, NY 11747 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code 330 South Service Road, Melville, NY 11747 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) 330 South Service Road, Melville, NY 11747 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Dahan, Andre Business or Residence Address (Number and Street, City, State, Zip Code) 810 Seventh Avenue, New York, New York 10019 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Shah, Shefali Business or Residence Address (Number and Street, City, State, Zip Code) 810 Seventh Avenue, New York, New York 10019 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Weight Lauran Business or Residence Address (Number and Street, City, State, Zip Code)	A. BASIC IDENTI	FICATION DATA
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code c/o 810 Seventh Avenue, New York, New York 10019 Check Box(es) that Apply:		
Bunyan, John Business or Residence Address (Number and Street, City, State, Zip Code c/o 810 Seventh Avenue, New York, New York 10019 Check Box(es) that Apply:	Check Box(es) that Apply: Promoter Beneficial Owner	
Business or Residence Address (Number and Street, City, State, Zip Code c/o 810 Seventh Avenue, New York, New York 10019 Check Box(es) that Apply:	·	
Check Box(es) that Apply:		
Full Name (Last name first, if individual) Bodner, Dan Business or Residence Address (Number and Street, City, State, Zip Code 330 South Service Road, Melville, NY 11747 Check Box(es) that Apply:	c/o 810 Seventh Avenue, New York, New York 10019	
Business or Residence Address (Number and Street, City, State, Zip Code 330 South Service Road, Melville, NY 11747 Check Box(es) that Apply:	Check Box(es) that Apply: Promoter Beneficial Owner	
Business or Residence Address (Number and Street, City, State, Zip Code 330 South Service Road, Melville, NY 11747 Check Box(es) that Apply:	Full Name (Last name first, if individual)	
330 South Service Road, Melville, NY 11747 Check Box(es) that Apply:	Bodner, Dan	
Full Name (Last name first, if individual) Robinson, Douglas Business or Residence Address (Number and Street, City, State, Zip Code 330 South Service Road, Melville, NY 11747 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Managing Partner Full Name (Last name first, if individual) Dahan, Andre Business or Residence Address (Number and Street, City, State, Zip Code) 810 Seventh Avenue, New York, New York 10019 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Managing Partner Full Name (Last name first, if individual) Shah, Shefali Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer Managing Partner Full Name (Last name first, if individual) Shah, Shefali Business or Residence Address (Number and Street, City, State, Zip Code) 10 Seventh Avenue, New York, New York 10019 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Managing Partner Full Name (Last name first, if individual) Shah, Shefali Business or Residence Address (Number and Street, City, State, Zip Code) 10 Seventh Avenue, New York, New York 10019 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Managing Partner		
Business or Residence Address (Number and Street, City, State, Zip Code 330 South Service Road, Melville, NY 11747 Check Box(es) that Apply: Promoter Beneficial Owner Esceutive Officer Dahan, Andre Business or Residence Address (Number and Street, City, State, Zip Code) 810 Seventh Avenue, New York, New York 10019 Check Box(es) that Apply: Promoter Beneficial Owner Esceutive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Shah, Shefali Business or Residence Address (Number and Street, City, State, Zip Code) 810 Seventh Avenue, New York, New York 10019 Check Box(es) that Apply: Promoter Beneficial Owner Esceutive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Shah, Shefali Business or Residence Address (Number and Street, City, State, Zip Code) 810 Seventh Avenue, New York, New York 10019 Check Box(es) that Apply: Promoter Beneficial Owner Esceutive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Wright Jauran	Check Box(es) that Apply: Promoter Beneficial Owner	
Business or Residence Address (Number and Street, City, State, Zip Code 330 South Service Road, Melville, NY 11747 Check Box(es) that Apply:	Full Name (Last name first, if individual)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Dahan, Andre Business or Residence Address (Number and Street, City, State, Zip Code) 810 Seventh Avenue, New York, New York 10019 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Shah, Shefali Business or Residence Address (Number and Street, City, State, Zip Code) 810 Seventh Avenue, New York, New York 10019 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Shah, Shefali Business or Residence Address (Number and Street, City, State, Zip Code) 810 Seventh Avenue, New York, New York 10019 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)	Robinson, Douglas	
Full Name (Last name first, if individual) Dahan, Andre Business or Residence Address (Number and Street, City, State, Zip Code) 810 Seventh Avenue, New York, New York 10019 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Shah, Shefali Business or Residence Address (Number and Street, City, State, Zip Code) 810 Seventh Avenue, New York, New York 10019 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Wright, Lauran	•	
Business or Residence Address (Number and Street, City, State, Zip Code) 810 Seventh Avenue, New York, New York 10019 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Shah, Shefali Business or Residence Address (Number and Street, City, State, Zip Code) 810 Seventh Avenue, New York, New York 10019 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Wright, Lauren	Check Box(es) that Apply: Promoter Beneficial Owner	
Business or Residence Address (Number and Street, City, State, Zip Code) 810 Seventh Avenue, New York, New York 10019 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Shah, Shefali Business or Residence Address (Number and Street, City, State, Zip Code) 810 Seventh Avenue, New York, New York 10019 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Wright, Lauren	Full Name (Last name first, if individual)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Shah, Shefali Business or Residence Address (Number and Street, City, State, Zip Code) 810 Seventh Avenue, New York, New York 10019 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Wright, Lauren	Dahan, Andre	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Shah, Shefali Business or Residence Address (Number and Street, City, State, Zip Code) 810 Seventh Avenue, New York, New York 10019 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Wright, Lauren	Business or Residence Address (Number and Street, City, State, Zip Code)	
Full Name (Last name first, if individual) Shah, Shefali Business or Residence Address (Number and Street, City, State, Zip Code) 810 Seventh Avenue, New York, New York 10019 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Wright, Lauren	810 Seventh Avenue, New York, New York 10019	
Business or Residence Address (Number and Street, City, State, Zip Code) 810 Seventh Avenue, New York, New York 10019 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Wright, Lauren	Check Box(es) that Apply: Promoter Beneficial Owner	— — — — — — — — — — — — — — — — — — —
810 Seventh Avenue, New York, New York 10019 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Wright, Lauren	•	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Wright Lauren	Business or Residence Address (Number and Street, City, State, Zip Code)	
Full Name (Last name first, if individual) Wright, Lauren	810 Seventh Avenue, New York, New York 10019	
Wright Lauren	Check Box(es) that Apply: Promoter Beneficial Owner	— —
	Full Name (Last name first, if individual)	
Business of Residence Address (Number and Street, City, State, Lib Code)		
810 Seventh Avenue, New York, New York 10019		

	_			В.	INFOR	MATIO	N ABO	U T OF F	ERING					
1.	1. Has the issuer sold or does the issuer intend to sell, to non-accredited investors in this offering?									Yes	No			
	Answer also in Appendix, Column 2, if filing under ULOE.										☒			
2.	What is th	e minimum	investment t	hat will be	accepted f	rom any in	dividual?						\$ <u>NA</u>	
										Yes	No			
3. Does the offering permit joint ownership of a single unit?											\boxtimes			
4.			n requested										NA	
	commission to	on or simila	r remuneration	on for solic	itation of p	urchasers i	in connecti or dealer re	on with sa	les of secu	rities in th	ie offering. with a stat	Ifa e or	IVA	
	states, list	the name of	of the broker	or dealer.	If more	than five (5) persons	to be liste	d are asso	ciated pe	rsons of su	ch a		
	broker or	dealer, you	may set forth	the inform	nation for th	hat broker	or dealer o	nly.						
Full	Name (La	st name first	, if individua	1)										
Busi	ness or Re	sidence Ado	iress (Numbe	er and Stree	et City Sta	ate Zin Co	de)				<u></u>			
Dusi	ness of Re	sidelice 7 tax	ness (ramov	and Succ	,, On,, on	, 2.p co								
Nam	e of Assoc	iated Broke	r or Dealer							_				
State	s in Whic	Person Lis	ted Has Solid	cited or Inte	ends to Sol	licit Purcha	cerc							
			ck individual					•••••] All Sta	ites	
[A]	L] [A	K] [AZ	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	(ID]		
[I]	[I	N] [IA	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[M	r] [n	E] [NV	[HN]	(NJ)	[MM]	(NY)	[NC]	(ND)	[OH]	[OK]	[OR]	[PA]		
[R				[XT]	[UT]	[VT]	[AV]	[AW]	[WV]	[WI]	[WY]	[PR]		
Full	Name (La:	t name first	, if individua	1)										
Busi	ness or Re	sidence Ado	lress (Numbe	r and Stree	t, City, Sta	ite, Zip Co	de)							
									<u> </u>					
Nam	e of Assoc	iated Broke	r or Dealer											
State	s in Whicl	Person Lis	ted Has Solid	ited or Inte	ends to Sol	icit Purcha	sers							
(Che	ck "All St	ites" or che	ck individual	States)	***************************************				••••••			All Sta	tes	
[AL] [AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL] [IN]	[IA]	[KS]	(KY)	[LA]	(MA)	(MD)	(ME)	[MI]	[MN]	[MS]	[MO]		
[MT] [NE]	[VV]	[ни]	[NJ]	[MM]	[NY]	[NC]	(ND)	[OH]	[OK]	[OR]	[PA]		
[RI	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange				
	offering, check this box and indicate in the columns below the amounts of the securities				
	offered for exchange and already exchanged.			٨	mount
	Type of Security		ggregate ring Price		ady Sold
	Debt	\$		\$	
	Equity	\$	0.00*	<u> </u>	0.00
	Common Preferred	–			
	Convertible Securities (including warrants)	\$		\$	
	Partnership Interests	<u>s</u>	·	s —	
	Other (Specify)	<u>s</u>		s —	
	Total	<u> </u>	0.00*	s —	0.00
	Answer also in Appendix, Column 3, if filing under ULOE	<u> </u>		· —	
* F	RESTRICTED SHARE UNITS HAVE BEEN GRANTED TO EMPLOYEES AT NO COST.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors	Dolla	ggregate ar Amount Purchases
	Accredited Investors		4	\$	0.00
	Non-accredited Investors			\$	
	Total (for filings under Rule 504 only)			s —	
	Answer also in Appendix, Column 4, if filing under ULOE				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all				
	securities sold by the issuer, to date, in offerings of the types indicated in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.				
	Type of offering		ype of	-	Dollar ount Sold
	Rule 505	3	ecurity	\$ S	Julit Solu
		-		\$ <u> </u>	
	Regulation A	_		·	
	Rule 504			<u> </u>	
	Total			\$ <u> </u>	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fee] s	
	Printing and Engraving Costs		[]	
	Legal Fees]	
	Accounting Fees]	
	Engineering Fees			s	
	Sales Commissions (Specify finder's fees separately)	•••••] s	
	Other Expenses (identify)	•••••] \$ <u> </u>	
	Total			3 \$	NA

	Ouestion 1 and total expenses furnished	ggregate offering price given in response to Part C- in response to Part C-Question 4.a. This difference is					<u>\$</u>	NA_
5.	used for each of the purposes shown. I estimate and check the box to the left of	ed gross proceeds to the issuer used or proposed to be f the amount for any purpose is not known, furnish an if the estimate. The total of the payments listed must e issuer set forth in response to Part C-Question 4.b.				N	I A	
				Payments to Officers, Directors, & Affiliates			-	ients to hers
	Salaries and fees		\$			\$	٠.	
						\$		
		llation of machinery and equipment			$\overline{\Box}$	\$		
	_	dings and facilities	\$			\$		
	Acquisition of other businesses (offering that may be used in exch	including the value of securities involved in this lange for the assets or securities of another issuer	\$			\$		
						\$		
	• •		\$					
	• .		\$			\$		
			\$			s -		
	Total Payments Listed (column tota	s added)		<u></u> \$	NA		_	
		D. FEDERAL SIGNATURE		·				
71.	:			is filed under I	2la	505	tha f	allauina
sign	nature constitutes an undertaking by the is	igned by the undersigned duly authorized person. If this suer to furnish to the U.S. Securities and Exchange Commaccredized investor pursuant to paragraph (b)(2) of Rule 5	nissic					
Issu	er (Print or Type)	Signature	Dat	e				
VE	RINT SYSTEMS INC.		Ma	rch <u>1O</u> , 200	9			
Nar	ne of Signer (Print or Type)	Title of Signer (Print or Type)						
PE	ΓER D. FANTE	CHIEF LEGAL OFFICER						

END

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).